

## TOWN OF STOW, MASSACHUSETTS

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, and LICENSING PURPOSES.

The Town of Stow is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, and current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant, or current licensee, I understand that a CORI check will be submitted for my personal information to the Mass Department of Criminal Justice Information Systems (DCJIS). I hereby acknowledge and provide permission to the Town of Stow to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Stow written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, AND LICENSING PURPOSES ONLY.

The Town of Stow may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Stow must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature	Date

SUBJECT INFORMATION:		Asterisk (	Asterisk (*) denotes required information		
*Last Name	*First Name		Middle Name		
Maiden Name (or oth	er name(s) by which	ch you have been know	n)		
*Date of Birth		Place of B	irth		
*Last Six Digits of Y	our Social Securi	ty Number:	<del></del>		
Sex: Height	:ft in.	Eye Color:	Race:		
Driver's License or ID Number:			State of Issue:		
Mother's Full Maiden	Name	Father's Fu	ıll Name		
	Curren	t and Former Addresses	3		
Street Number & Nam	ne .	City/Town	State	Zip	
Street Number & Nam	ne	City/Town	State	Zip	
<u>FOR OF</u> I	FICIAL USE ONL	Y. DO NOT WRITE I	BELOW THIS LINE		
		llowing form of govern		phic	
		<del></del>	(АТТАСН СОРУ	)	
Verified by:	<del> </del>				
	Name of Verifying	g Employee (Please Pri	nt)		
	Signature of Verif	ying Employee			